



DEPARTMENT OF CORRECTIONS
AGENCY OF HUMAN SERVICES
STATE OF VERMONT

NUMBER

POLICY

DIRECTIVE

PROCEDURE

361.01.04 PROTOCOL

SUBJECT

Mental Health Evaluation

EFFECTIVE
DATE

8/20/97

REVIEWED AND
RE-ISSUED

SUPERSEDES

NEW

RECOMMENDED FOR APPROVAL BY:

SIGNATURE

AUTHORIZED BY:

SIGNATURE

I. AUTHORITY

28 V.S.A. Section 801; 28 V.S.A. Section 903; 28 V.S.A. Section 906; 28 V.S.A. Section 907.

II. PURPOSE STATEMENT

The purpose of this protocol is to establish a standard procedure for mental health evaluations of inmates referred through routine screening processes conducted during the initial phase of their incarceration or those otherwise referred at any other time throughout the course of their confinement. It is the policy of the Vermont Department of Corrections to ensure that all inmates with serious mental illness and/or other identified mental health needs are thoroughly and properly evaluated by mental health staff for purposes of formulating a comprehensive, individualized treatment plan. It is the goal of the VDOC to ensure that all inmates with serious mental illness are identified and their treatment needs addressed as soon after admission as possible in order to alleviate significant distress and to prevent further deterioration and exploitation.

III. APPLICABILITY/ACCESSIBILITY

All individuals and groups affected by the operations of the Vermont Department of Corrections may have a copy of this protocol.

IV. DEFINITIONS

Mental Health Professional: means a person with professional training, experience and demonstrated competence in the treatment of mental illness, who is a physician, psychiatrist, psychologist, social worker, nurse, psychiatric nurse practitioner or other qualified person determined by the Commissioner of Developmental and Mental Health Services.

Mental Health Evaluation: a detailed clinical assessment performed by a licensed mental health professional and conducted on inmates identified as needing mental health treatment. Results of this evaluation are utilized in the formulation of an individualized treatment plan. Further, the mental health evaluation is a comprehensive mental health examination which is focused on the particular suspected mental illness or mental disability. Thus, generally, the nature and quality of the particular mental health evaluation is related to the context in which the individual inmate is referred.

Serious Mental Illness: means a substantial disorder of thought, mood, perception, orientation or memory, any of which grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life.

V. PROCEDURE

- A. A *mental health evaluation* shall be completed by a qualified mental health professional on inmates identified as being in need of such evaluation or as required below:
 1. If a referral has been made to mental health staff, the mental health evaluation shall be conducted within three working days of the referral or sooner as indicated by the nature of the referral. In cases of urgency, as determined by clinical judgment, provisions shall be made for prompt and/or immediate evaluation upon receipt of the referral.
 2. At central facilities, mental health evaluations must be completed for each inmate within 14 days of admission.
 - a. due to the fact that the majority of inmates admitted to central facilities are sent from regional facilities where the mental health evaluation may already have taken place, it need not be repeated if it has been done within the preceding three months.
 - b. in such cases, the sending facility must document on the transfer form that the mental health evaluation is present in the inmate's medical chart and mental health staff at the receiving facility must document that they have reviewed the evaluation and related documentation.
- B. Inmates may be referred for a mental health evaluation by medical staff, correctional/booking staff or any other individual involved with correctional services in accordance with Protocol 361.01.02 (Referral).
- C. The completed mental health evaluation shall consist of the following:
 1. Mental Health history (to include mental health, alcohol and drug use/abuse, and physical health);
 2. Family/Social History (to include education and military history);
 3. Legal/Criminal History (to include prior imprisonment and arrests/charges;
 4. Multiaxial diagnosis;
 5. Mental Status Exam;
 6. Treatment needs and recommendation.
 7. Inquiry into areas previously identified as problematic through prior screening processes and/or the context of referrals

- D. In contrast to the comprehensive mental health evaluation format described above, an abbreviated, focused format may be used where clinically indicated. Utilizing the focused mental health evaluation, the mental health evaluation may choose to focus on particular issues of interest or concern rather than completing the mental health evaluation in its entirety.
- E. Completed mental health evaluations will be reviewed by the mental health treatment team and utilized for the following purposes:
1. The formulation of comprehensive, individualized treatment plans;
 2. Recommendations for mental health treatment dispositions as follows:
 - a. no referral for further mental health evaluations and/or treatment;
 - b. referral for further evaluations to be performed as soon as possible;
 - c. suicide precaution procedures and/or specialty housing to be effected;
 - d. psychotropic medication referral;
 - e. arrangements with mental health team for immediate and/or appropriate action.
- F. Disposition
1. The disposition (e.g., referral for further evaluation, special housing, suicide precautions, transport to an outside facility or routine processing and individualized treatment planning) must be documented in accordance with Protocol 361.01.16 (Chart Documentation).
 2. A progress note will be utilized for documentation in the mental health record indicating:
 - a. date and time of mental health evaluation;
 - b. action to be taken;
 - c. other pertinent clinical information not included on the mental health evaluation.
- G. If the inmate has a history of mental health treatment, the inmate's signed authorization for release of information from previous providers, if not previously obtained, shall be secured at the time of the mental health evaluation. Refusals to authorize releases of information from previous providers should be clearly documented. The original signed authorization(s) shall be forwarded to the provider(s) and copies of the authorizations shall be filed in the inmate's medical chart.

VI. REFERENCES

28 V.S.A. Section 801; 28 V.S.A. Section 903; 28 V.S.A. Section 906; 28 V.S.A. Section 907.

NCCHC Adult Standards 1992 P-54

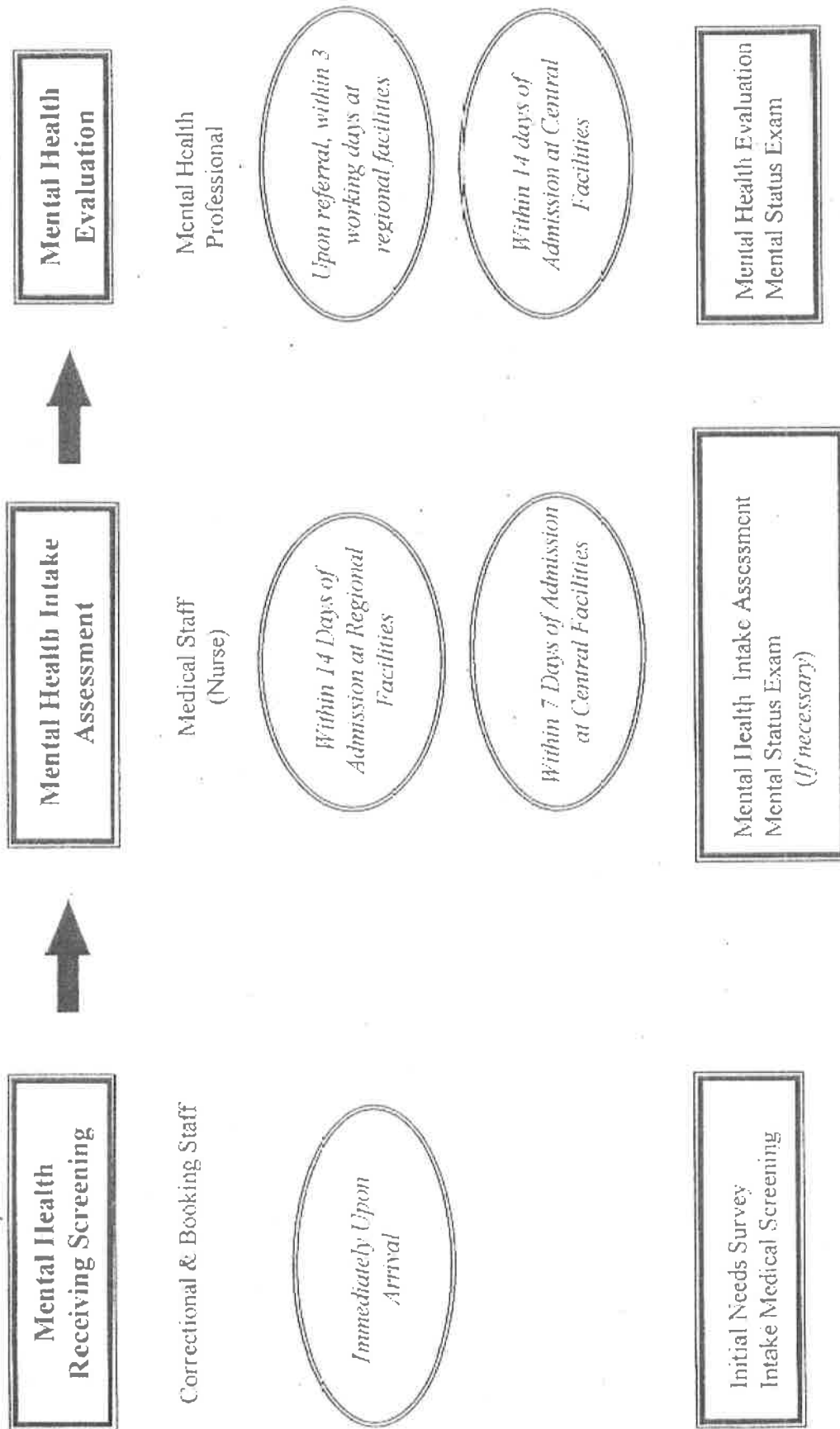
NCCHC Adult Standards 1996 J-51

ACA 1990 3-4343, 3-4344, 3-4367, 3-4368.

VII. DRAFT PARTICIPANTS

This directive was drafted by Thomas Powell, Ph.D., Clinical Director, 103 S. Main St., Waterbury, VT 05671. Also actively participating in development of this directive were Erin Turbitt, Sandy Dengler, Shirley Meier, R.N., M.Ed., and Chris Carr, Ph.D.

PROGRESSION OF MENTAL HEALTH SERVICES



MENTAL HEALTH EVALUATION

Inmate Name: _____
Facility: _____

DOB: _____
Date: _____

Mental Health History

- Mental Health: *Include indicated and contraindicated medications and placements, major side effect/dangerous behaviors, and estimated intellectual ability/need for further assessment*
- Alcohol and Drug Use/Abuse: *Include the need for further evaluation, as indicated*
- Physical Health: *Include any potential interactions between mental and physical health problems/needs*

Family/Social History

Include Education, Military History (Discharge Status), Family Criminal History and History of Victimization

Legal/Criminal History

Include Prior Imprisonment, Prior Arrests/Charges, History of Sex Offenses and/or Violence

MENTAL STATUS EXAM

Inmate Name: _____
 Facility: _____

DOB: _____
 Date: _____

| Appearance and Behavior | | |
|---|-----------------------------------|--|
| A. Level of Consciousness | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal: _____ |
| B. Personal Hygiene, Dress and Grooming | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate: _____ |
| C. Posture and Motor Behavior | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal: _____ |
| D. Facial Expression | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal: _____ |
| E. Manner, Affect, & Relationship to Persons and Things | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal: _____ |
| F. Speech | 1. Quantity | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal: _____ |
| | 2. Rate and Rhythm | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal: _____ |
| | 3. Volume or Loudness | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal: _____ |
| | 4. Quality | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal: _____ |

| Mood Level |
|---|
| A. Individual's Own Perception: _____ |
| B. If depression evident, assess depth and any associated risk of suicide: _____ _____ |
| C. If suicide potential, explore intent, plan, etc.: _____ _____ |

| Thought Processes, Thought Content, and Perceptions | | |
|--|---------------------------------|--|
| A. Thought Processes (Logic, relevance, organization, and coherence) | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal: _____ |
| B. Thought Content | <input type="checkbox"/> Absent | <input type="checkbox"/> Present: _____ |
| 1. Compulsions | <input type="checkbox"/> Absent | <input type="checkbox"/> Present: _____ |
| 2. Obsessions | <input type="checkbox"/> Absent | <input type="checkbox"/> Present: _____ |
| 3. Phobias | <input type="checkbox"/> Absent | <input type="checkbox"/> Present: _____ |
| 4. Anxieties | <input type="checkbox"/> Absent | <input type="checkbox"/> Present: _____ |
| 5. Feelings of Unreality | <input type="checkbox"/> Absent | <input type="checkbox"/> Present: _____ |
| 6. Feelings of Depersonalization | <input type="checkbox"/> Absent | <input type="checkbox"/> Present: _____ |
| 7. Delusions | <input type="checkbox"/> Absent | <input type="checkbox"/> Present: _____ |
| C. Perceptions | | |
| 1. Illusions | <input type="checkbox"/> Absent | <input type="checkbox"/> Present: _____ |
| 2. Hallucinations | <input type="checkbox"/> Absent | <input type="checkbox"/> Present: _____ |

Cognitive Functions

A. Orientation X's 3: Person ☐ Yes ☐ No Place ☐ Yes ☐ No Time ☐ Yes ☐ No

B. Attention:

1. Digit Span (present digits at one per second). Mark yes (correct) or no (incorrect)

FORWARD

BACKWARD

| | | | | | |
|-------------|------------------------------|-----------------------------|-------------|------------------------------|-----------------------------|
| 5,2 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7,3 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6,1,7 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6,2,9 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5,3,9,4 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3,2,7,9 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7,8,3,1,2 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1,5,2,8,6 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6,9,4,8,5,3 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 9,2,6,1,8,3 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Serial 7's or Serial 3's ☐ Correct ☐ Incorrect

| | | |
|-------------------------|-----------------------------------|--------------------------------------|
| C. Memory 1. Remote | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate: |
| 2. Recent | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate: |
| 3. New learning ability | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate: |

D. Language and Copying

| | | |
|--|-----------------------------------|--------------------------------------|
| 1. Word Comprehension | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate: |
| 2. Naming | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate: |
| 3. Reading | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate: |
| 4. Writing | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate: |
| 5. Copying Figures (Simple → Difficult) | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate: |

E. Higher Intellectual Functions

1. Information

| | | |
|---------------------------------|-----------------------------------|--------------------------------------|
| a. Info in content of interview | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate: |
| b. Names of 5 U.S. cities | <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect: |
| c. Name last 5 Presidents | <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect: |
| 2. Vocabulary | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate: |

3. Abstract Reasoning

a. Proverbs (what is meant by the following?)

| | | |
|--|----------------------------------|-------------------------------------|
| - A rolling stone gathers no moss | <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect: |
| - A stitch in time saves nine | <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect: |
| b. Similarities (in what way are the following alike or the same?) | | |
| - Smooth and rough | <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect: |
| - Happy and sad | <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect: |

